

# **REQUEST OUT-OF-CYCLE CONTRACT (SPOT PURCHASE) FOR CAPITALIZED AND NON-CAPITALIZED LINE ITEMS**

ORDER DATE: \_\_\_\_\_

SUGGESTED CONTRACT SOURCES:  
(LOCAL COMPANY, PHONE #, POC)

REQUESTOR (NAME & PHONE):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TO:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. REASON FOR OPEN MARKET PURCHASE  
(NEW OR PENDING REQUIREMENT):

13. FOLLOWING INFORMATION IS REQUIRED  
FOR NON-CAPITALIZED LINE ITEMS ONLY  
(NOT REQUIRED FOR AIR FORCE ITEMS)

2. PURCHASE PROGRAM: \_\_\_\_\_

A. APROPRIATION DATA:

3. LINE ITEM NUMBER: \_\_\_\_\_

B. REQUISITION NUMBER:

4. DELIVERY LOCATION: \_\_\_\_\_

5. DELIVERY DODAAC: \_\_\_\_\_

C. FUND CODE (2 DIGITS): \_\_\_\_\_

6. METHOD OF DELIVERY (TW/TT): \_\_\_\_\_

D. SIGNAL CODE (A, B OR J): \_\_\_\_\_

7. TYPE OF PRODUCT: \_\_\_\_\_

E. SUPPLEMENTAL ADDRESS (DODAAC)  
REQ'D FOR SIGNAL CODE B OR J:

8. QUANTITY REQUIRED: \_\_\_\_\_

9. REQUIRED DELIVERY DATE: \_\_\_\_\_

10. DELIVERY POC & PHONE: \_\_\_\_\_

11. ORDERING OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

12. ORDERING OFFICE PHONE: \_\_\_\_\_

PLEASE PROVIDE ANY SPECIAL REQUIREMENTS BELOW (EXAMPLES: DELIVERY HOURS,  
SPECIAL EQUIPMENT REQUIRED FOR DELIVERY, ETC):

\_\_\_\_\_

Attachment #1

# NEW/REVISED REQUIREMENT WORKSHEET

Circle One: NEW REVIS~~ED~~

If REVISION, Reference ITEM NUMBER here: \_\_\_\_\_

Please provide the following information to establish your activity's fuel requirement:

Billing DODAAC: \_\_\_\_\_

Delivery DODAAC: \_\_\_\_\_

Activity location and address: (Exact address needed for delivery)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Branch: Circle One Army Navy Air Force Federal-Civilian

County: \_\_\_\_\_

State: \_\_\_\_\_

Type of Fuel Requested: \_\_\_\_\_

NSN: N/A \_\_\_\_\_

Estimated 3 Year Requirements: \_\_\_\_\_ Gallons

Method of Delivery: (Circle One) TW TT TT/w pump TT/w pump & meter Barge FOB Origin

Tank Narrative: Example: "Into 1/10,000 Gal Tank"

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are metered or multiple delivery tickets required? YES NO (IF YES, INDICATE REQUIREMENT BELOW)

\_\_\_\_\_

Delivery Hours: \_\_\_\_\_ (Indicate if Mon – Fri, includes weekends, holidays or any combination)

Ordering Office Telephone Number: \_\_\_\_\_

Requester name, number and title: \_\_\_\_\_

How will delivered quantity be determined: N/A \_\_\_\_\_

Please provide any special requirements: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Activity Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Civilian Paying Office: N/A \_\_\_\_\_

Recommended Local Sources of Supply: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Attachment #2